



State of Connecticut

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Testimony in Support of
HB 7125
Insurance and Real Estate Committee
March, 5 2019

Chairmen Lesser, and Scanlon, Ranking Members Kelly and Pavalock-D'Amato and distinguished members of the Insurance and Real Estate Committee, I would like to thank you for raising **House Bill Number 7125: An Act Concerning Parity For Mental Health And Substance Use Disorder Benefits, Non Quantitative Treatment Limitations, Drugs Prescribed For The Treatment Of Substance Use Disorders, And Substance Abuse Services.**

The proposed bill is essential to improving mental health services. The proposed legislation shall amend the CT General Statutes to require CID to include the evaluation of routine outpatient therapeutic services in annual Report Cards, require payers to implement uniform medical protocols for CT providers to use facilitating reimbursement, increase provider reimbursement, mandate payers disclose reimbursement rates for review of parity compliance, align CMS & private payer reimbursement rates for behavioral health services with other non-behavioral medical services, and commission a state review of current parity implementation.

I have consulted with Mental Health Connecticut regarding the language of the bill. They have made the following suggestions to include specific language regarding the comparative analyses that determine if there is compliance in the problem areas. It was suggested that the bill:

- A) Provide the comparative analyses, including the results of the analyses, performed to determine that the processes and strategies used to design each NQTL, as written, and the as written processes and strategies used to apply the NQTL to mental health and substance use disorder benefits are comparable to, and are applied no more stringently than, the processes and strategies used to design each NQTL, as written and the as written processes and strategies to apply the NQTL to medical and surgical benefits;
- B) Provide the comparative analyses, including the results of the analyses, performed to determine that the processes and strategies used to apply each NQTL, in operation, for mental health and substance use disorder benefits are comparable to, and are applied no more stringently than, the processes or strategies used to apply each NQTL, in operation, for medical and surgical benefits; and

- C) Disclose the specific findings and conclusions reached by the health carrier that the results of the analyses above indicate that the health carrier is in compliance with this section, Section 38a-488a, Section 38a-514, and the Mental Health Parity and Addiction Equity Act of 2008 and its implementing and related regulations, which includes 45 CFR 146.136, 45 CFR 147.160, and 45 CFR 156.115(a) (3).

Thank you for considering this bill and giving me the opportunity to submit testimony. It is my hope that this bill will supported by the Committee to allow improved mental health services for our state.